

CHAPTER 13 PLAN
United States Bankruptcy Court
Northern District of Mississippi

CASE NO. 11-13182

Debtor Lambert, Kenneth SS # XXX-XX-0951 Current Monthly Income \$ 2,113.80
 Joint Debtor _____ SS # XXX-XX- Current Monthly Income \$ 0.00
 Address 201 Hurdle Circle Holly Springs, MS 38635-3280 No. of Dependents 1
 Telephone No. (662) 629-1022 **TAX REFUNDS AND EIC FOR DISTRIBUTION:** _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$80.00 per (☐ monthly / ☐ semi-monthly / ☒ weekly / ☐ bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer:

The Troxel Company Highway 57
PO Box 276
Moscow, TN 38057-0276

(B) Joint Debtor shall pay \$ _____ per (☐ monthly / ☐ semi-monthly / ☐ weekly / ☐ bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full:

IRS	\$ <u>0.00</u>	@ \$ <u>0.00</u> /mo
State Tax Commission	\$ <u>0.00</u>	@ \$ <u>0.00</u> /mo
Other	\$ <u>0.00</u>	@ \$ <u>0.00</u> /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

beginning month _____ in the amount of \$ _____ per month shall be paid: ☐ direct ☐ through payroll deduction ☐ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

in the amount of \$ _____ shall be paid \$ _____ per month: ☐ through payroll deduction ☐ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ ☐ PLAN ☐ DIRECT
 MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO*
 (*including interest at _____ %)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
Fidelity National Loans	HH items - pay value	2,668.00	200.00	7.00%	237.63	3.96
GE Money Bank	2010 4-wheeler - pay value	9,529.04	6,000.00	7.00%	7,128.46	118.81

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Proposal to be Paid
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Debtor's Initials KL Joint Debtor's Initials _____

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Amt. Owed

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

UNSECURED DEBTS totaling approximately **\$35,652.36** are to be paid in deferred payments to Creditors that have timely filed claims that are not disallowed: IN FULL or **tbd**% (PERCENT) MINIMUM. The amount to be paid to unsecured creditors timely filing claims will be \$119.00 per month (amount paid for 4-wheeler) plus an additional \$171.00 per month when 401-K loan is paid in full.

Total Attorney Fees Charged \$ **2,800.00**
 Attorney Fees Previously Paid \$ **0.00**
 Attorney fees to be paid through the plan \$ **2,800.00**

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)

Karen B. Schneller
Karen B. Schneller
Post Office Box 417
Holly Springs, MS 38635
 Telephone/Fax **(662) 252-3224 (662) 252-2858**
 E-mail Address **karen.schneller@gmail.com**

Telephone/Fax:

DATE: **July 17, 2011**

DEBTOR'S SIGNATURE **/s/ Kenneth Lambert**
 JOINT DEBTOR'S SIGNATURE _____
 ATTORNEY'S SIGNATURE **/s/ Karen B. Schneller**